the replacement of the tissue expander with a prosthesis after finishing radiotherapy (5%). Tissue expansion was performed before the treatment in all cases. Pulmonary irradiation was inferior in reconstruction group based in V20 lung doses. Aesthetic satisfaction is similar in both but psycological impact and quality of life was better in the immediate reconstruction group.
Conclusion. Immediate reconstruction has shown to be safe and has advantages compared differed reconstruction in patients with postmastectomy radiotherapy, it has similar complication rates and general satisfaction with controls, but increased lung irradiation sparing, esthetic satisfaction and quality of life.

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Neoadjuvant chemotherapy in resectable early stage breast cancer

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Introduction. Neoadjuvant chemotherapy (nCT) in resectable early stage breast cancer is controversial. We treated 57 women with nCT, surgery and radiotherapy. Purpose Results evaluation and local recurrence prognostic factors analysis.
Methods. Mean clinical tumor size by physical examination was 3.97 cm (SD 1.28), 2.87 cm by mammography (SD 1.07) and 3.24 cm by MRI. Mean clinical axillary lymph nodes size was 2.44 cm (SD 1.24). Axillary US was performed in 54.2% finding 44.1% cN0, 35.6% cN1, 15.3% cN2 and 1.7% cN3. MRI was performed in 63.1%. The most prevalent histology was IDC. Histologic G1 was found in 18.6%, 37.2% G2 and 40.7% G3. There were 50.8% Luminal A, 4.9% Luminal B and 26.3% triple-negative. The most common CT scheme was Taxanes (86.2%). Hematologic toxicity (G2-3): 6 cases. Non-hematologic toxicity: 3 cases.
Results. Mean clinical–radiological responses were 76.8% and 70.4%. CBS was performed in 91.2%, mastectomy in 8.8%. Mean pathological tumor size was 1.16 cm (SD 0.28). Partial and complete pathological responses were 74.5% and 25.5%. Adjuvant RT: 5000 cGy WBI, 200 cGy/fr (84.7%); 4005 cGy WBI, 267 cGy/fr (13.6%). Lymph node irradiation was performed in 50.8%. 1600 cGy BOOST was delivered in 55 cases. Concomitant CT-RT treatment: 36 cases, Herceptin (29,3%) and Tamoxifen (15.5%). Acute radiodermitis: 60.3% G1, 32.8% G2 and 3.4% G3. Mean follow-up was 16.4 months (r:6–57). 97.5% patients are disease-free, LRFS 87%.
Conclusions. It seems that nCT increases BCS percentage. Further studies, with patient selection based in standard pretreatment criteria and longer follow-up, are necessary to obtain definitive conclusions.

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Outcome of breast cancer patients according to molecular subtype

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Background. Triple-negative breast cancer (TNBC) refers to any breast cancer that does not express the genes for estrogen receptor, progesterone receptor or Her2/neu. Standard treatment is surgery +/− adjuvant chemotherapy and radiotherapy. TNBC tends to be more aggressive than other types of breast cancer. Studies have shown that TNBC is more likely to spread beyond the breast and more likely to recur after treatment. The purpose of this study is to assess the outcome of BC patients treated with surgery +/− chemotherapy and adjuvant radiation therapy according the molecular subtype. We present preliminary data, the study is ongoing.
Methods and materials. One hundred and sixteen female patients diagnosed with BC between 2004 and 2013 were analyzed retrospectively. The TNM classification was as follows: 6 stage 0 (TisN0M0), 61 stage I, 37 stage II, and 12 stage III. The vast majority of patients (88%) underwent conservative surgery. Fifty-three patients received adjuvant chemotherapy. All patients received postoperative radiation therapy (dose range, 40–50 Gy). Nine (7.8%) out of the 116 patients were TNBC. Potential risk factors were analyzed in univariate analysis.
Results. The median age at diagnosis was 55 years old (range, 30–83) and the median follow up 42 months (range, 1–72). Six relapses occurred, all were TNBC (2 distant and 4 both local and distant). Univariate analysis showed two significant predictors for recurrence: TNBC (OR: 17.33; $p = 0.012$) and mastectomy (OR: 9.00; $p = 0.012$).
Conclusions. TNBC is associated with a higher risk of relapse compared with luminal subtypes. Prospective randomized studies are needed to investigate the best locoregional treatment approach for patients with this molecular subtype who potentially may benefit from more aggressive local treatment. The development of novel therapies should target this high-risk group.

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